

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		+				
3		+				
4		+				
5		+				
6		+				
7		+				
8		+				
9		+				
10		+				
11		+				
12	1					
13		+				
14		+				
15		+				
16		+				
17		+				
18		+				
19		+				
20		+				
21		+				
22		+				
23		2				
24		2				
25		2				
26		2				
27	1					
28		+				
29		+				
30		+				
31		+				
32		+				
33		+				
34		+				
35		+				
36		+				
37		+				
38	1					
39		+				
40		+				
41		+				
42		+				
43		+				
44		+				
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	28					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

30
51
44